

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

Hobson For Congress

ADDRESS (number and street)
▼

82 W. Columbia

☐Check if different
than previously
reported. (ACC)

Springfield

OH

45502

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00239905

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

OH

07

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 8

2 0 0 6

through

1 2

3 1

2 0 0 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer D Donald Jones

Signature of Treasurer Electronically Filed by D Donald Jones

Date

1 1

1 4

2 0 0 6

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Hobson For Congress

Report Covering the Period:

From:

M M
1 1D D
2 8Y Y Y Y
2 0 0 6

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	150.00	21200.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	150.00	21200.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	18006.73	22050.06
(b) Total Offsets to Operating Expenditures (from Line 14).....	565.22	565.22
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	17441.51	21484.84
8. Cash on Hand at Close of Reporting Period (from Line 27).....	750305.30	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Hobson For Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	8	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	6

I. RECEIPTS

COLUMN A
Total This PeriodCOLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

0.00

8150.00

(ii) Unitemized.....

150.00

1550.00

(iii) TOTAL of contributions

from individuals..... ▶

150.00

9700.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACS).....

0.00

11500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

150.00

21200.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

565.22

565.22

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

2614.38

3703.13

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

3329.60

25468.35

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	18006.73	22050.06
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	2000.00	2000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	20006.73	24050.06

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	766982.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	3329.60
25. SUBTOTAL (add Line 23 and Line 24).....	770312.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20006.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	750305.30

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 / 19

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Hobson For Congress

A.

Full Name (Last, First, Middle Initial)

Fairfield Federal Savings and Loan Assn.

Mailing Address P.O. Box 728, 111 E. Main St.

City

Lancaster

State

OH

Zip Code

43130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

885.54

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: C-8-03AA0m

Amount of Each Receipt this Period

535.42

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Gloucester Community Bank

Mailing Address 201 North Columbus Street
PO Box 280

City

Lancaster

State

OH

Zip Code

43130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

168.13

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: C-12-04WS0G

Amount of Each Receipt this Period

82.73

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Huntington Natl Bank #4

Mailing Address 5 W. North Street

City

Springfield

State

OH

Zip Code

45502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

549.85

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: C-13-03Xo1S

Amount of Each Receipt this Period

14.81

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

632.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 19

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Hobson For Congress

A.

Full Name (Last, First, Middle Initial)

Huntington Natl Bank #4

Mailing Address 5 W. North Street

City

Springfield

State

OH

Zip Code

45502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

549.85

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: C-14-03Xo1T

Amount of Each Receipt this Period

15.29

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Huntington Natl Bank #4

Mailing Address 5 W. North Street

City

Springfield

State

OH

Zip Code

45502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

549.85

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: C-15-03Xo1U

Amount of Each Receipt this Period

301.85

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Huntington Natl Bank #4

Mailing Address 5 W. North Street

City

Springfield

State

OH

Zip Code

45502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

549.85

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: C-16-03Xo1V

Amount of Each Receipt this Period

217.90

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

535.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 19

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Hobson For Congress

A.

Full Name (Last, First, Middle Initial)

Key Bank

Mailing Address 1 S. Fountain Ave.

City

Springfield

State

OH

Zip Code

45502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

423.22

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: C-17-03eJ0F

Amount of Each Receipt this Period

423.22

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

National City Bank

Mailing Address 4 W. Main St.

City

Springfield

State

OH

Zip Code

45502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

65.66

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: C-18-03ec0A

Amount of Each Receipt this Period

33.37

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

National City Bank

Mailing Address 4 W. Main St.

City

Springfield

State

OH

Zip Code

45502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

65.66

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: C-19-03ec0B

Amount of Each Receipt this Period

32.29

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

488.88

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 19

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Hobson For Congress

A.

Full Name (Last, First, Middle Initial)

Security National Bank

Mailing Address 40 S. Limestone St.

City

Springfield

State

OH

Zip Code

45502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

957.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: C-23-02ii00

Amount of Each Receipt this Period

957.50

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

957.50

TOTAL This Period (last page this line number only)

2614.38

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 19

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Hobson For Congress

A.

Full Name (Last, First, Middle Initial)

United States Treasury

Mailing Address PO Box 149195

City

Austin

State

TX

Zip Code

78714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

565.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	6

Transaction ID: C-26-02Kc0A

Amount of Each Receipt this Period

565.22

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

565.22

TOTAL This Period (last page this line number only)

565.22

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Hobson For Congress

A. Full Name (Last, First, Middle Initial) BEKA (dba) Carmae Catering	Transaction ID: D1-04Y002 Date of Disbursement
Mailing Address 120 E. College Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 4 / 2 0 0 6</div> </div>
City Springfield State OH Zip Code 45503 Purpose of Disbursement Event/Catering Needs Candidate Name	Amount of Each Disbursement this Period <div>905.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: D2-037D11 Date of Disbursement
Mailing Address 300 First St., SE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 4 / 2 0 0 6</div> </div>
City Washington State DC Zip Code 20003 Purpose of Disbursement Meeting/Food Beverage Candidate Name	Amount of Each Disbursement this Period <div>225.15</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Robert D. Clark	Transaction ID: D5-01qd1N Date of Disbursement
Mailing Address 370 Old Meadows Court	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 4 / 2 0 0 6</div> </div>
City Canal Winchester State OH Zip Code 43110 Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <div>148.41</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1279.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Hobson For Congress

A. Full Name (Last, First, Middle Initial) Robert M. Claypool	Transaction ID: D9-04YI0U Date of Disbursement
Mailing Address 331 Reber Ave. Apt. B	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 0 6</div> </div>
City Lancaster State OH Zip Code 43130 Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <div>486.27</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Robert M. Claypool	Transaction ID: D10-04YI0V Date of Disbursement
Mailing Address 331 Reber Ave. Apt. B	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 4 / 2 0 0 6</div> </div>
City Lancaster State OH Zip Code 43130 Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <div>486.27</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Columbia Gas of Ohio	Transaction ID: D11-02mK2O Date of Disbursement
Mailing Address P.O. Box 182007	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 0 6</div> </div>
City Columbus State OH Zip Code 43218 Purpose of Disbursement Campaign Utilities Candidate Name	Amount of Each Disbursement this Period <div>285.21</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1257.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Hobson For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Mary E. Gossett</p> <p>Mailing Address 907 Stump Lane</p> <p>City Springfield State OH Zip Code 45506</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D20-02r76x Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 4 / 2 0 0 6</div></p> <p>Amount of Each Disbursement this Period <div>2012.36</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Huntington Natl Bank #4</p> <p>Mailing Address 5 W. North Street</p> <p>City Springfield State OH Zip Code 45502</p> <p>Purpose of Disbursement Service charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D27-03Xo2d Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>1 1 / 3 0 / 2 0 0 6</div></p> <p>Amount of Each Disbursement this Period <div>15.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Huntington Natl Bank #4</p> <p>Mailing Address 5 W. North Street</p> <p>City Springfield State OH Zip Code 45502</p> <p>Purpose of Disbursement Service charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D28-03Xo2e Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 1 / 2 0 0 6</div></p> <p>Amount of Each Disbursement this Period <div>15.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

2042.36

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Hobson For Congress

A. Full Name (Last, First, Middle Initial) Huntington Natl Bank #4	Transaction ID: D29-03Xo2f Date of Disbursement
Mailing Address 5 W. North Street	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 3 1 / 2 0 0 6</div> </div>
City Springfield State OH Zip Code 45502	Amount of Each Disbursement this Period
Purpose of Disbursement Service Charge Candidate Name <div>Category/Type</div>	<div> <div>8.15</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) D. Donald Jones	Transaction ID: D30-00KW1D Date of Disbursement
Mailing Address 1936 Wedgewood Circle	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 0 7 / 2 0 0 6</div> </div>
City Springfield State OH Zip Code 45503	Amount of Each Disbursement this Period
Purpose of Disbursement Professional Consultant Candidate Name <div>Category/Type</div>	<div> <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Key Bank-Mastercard	Transaction ID: D31-02oe1s Date of Disbursement
Mailing Address P.O. Box 5646	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 0 7 / 2 0 0 6</div> </div>
City Cleveland State OH Zip Code 44179	Amount of Each Disbursement this Period
Purpose of Disbursement Mastercard Charges Candidate Name <div>Category/Type</div>	<div> <div>5216.35</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

5724.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Hobson For Congress

A.

Full Name (Last, First, Middle Initial)

Circleville Herald

Mailing Address 210 North Court Street

City State Zip Code
 Circleville OH 43113

Purpose of Disbursement
 Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1-04O703

Date of Disbursement

/ /

Amount of Each Disbursement this Period

974.30

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

Credit Card Item

B.

Full Name (Last, First, Middle Initial)

Columbus Messenger

Mailing Address 100 E. Broad Street

City State Zip Code
 Columbus OH 43215

Purpose of Disbursement
 Advertisement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D2-04PE03

Date of Disbursement

/ /

Amount of Each Disbursement this Period

713.60

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

Credit Card Item

C.

Full Name (Last, First, Middle Initial)

Gibby's

Mailing Address 126 West Main Street

City State Zip Code
 Circleville OH 43113

Purpose of Disbursement
 Meeting/Catering Needs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4-04e201

Date of Disbursement

/ /

Amount of Each Disbursement this Period

255.57

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

Credit Card Item

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Hobson For Congress

A. Full Name (Last, First, Middle Initial) Kingy's Pizza Mailing Address 7470 Hill Road	Transaction ID: D6-04PH02 Date of Disbursement <div> <div>12</div> <div>07</div> <div>2006</div> </div>
City State Zip Code Canal Winchester OH 43110 Purpose of Disbursement Event/Catering Needs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>263.86</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item
B. Full Name (Last, First, Middle Initial) Perry County Tribune Mailing Address 117 S. Main St. PO Box 312 City State Zip Code New Lexington OH 43764 Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D9-03r203 Date of Disbursement <div> <div>12</div> <div>07</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>763.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item
C. Full Name (Last, First, Middle Initial) Postmaster Mailing Address 150 N. Limestone St. City State Zip Code Springfield OH 45501 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D10-02oT2a Date of Disbursement <div> <div>12</div> <div>07</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>390.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Hobson For Congress

A.

Full Name (Last, First, Middle Initial)
U.S. Capitol Historical Society

Mailing Address 200 Maryland Ave., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Campaign Calendars

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11-03Wj08

Date of Disbursement

12 / 07 / 2006

Amount of Each Disbursement this Period

866.90

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Credit Card Item

B.

Full Name (Last, First, Middle Initial)
Washington C.H. Herald

Mailing Address 138 S. Fayette St.

City Washington C.H. State OH Zip Code 43160

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D12-03WP04

Date of Disbursement

12 / 07 / 2006

Amount of Each Disbursement this Period

545.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Credit Card Item

C.

Full Name (Last, First, Middle Initial)
Mity Mop Cleaning Service

Mailing Address PO Box 983

City Springfield State OH Zip Code 45501

Purpose of Disbursement
Campaign/Cleaning

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D41-03E321

Date of Disbursement

12 / 14 / 2006

Amount of Each Disbursement this Period

255.60

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

255.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Hobson For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) The Monks Copy Shop</p> <p>Mailing Address 47 E. Gay Street</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Printing Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D42-042I0F</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 4 / 2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>352.09</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Postmaster</p> <p>Mailing Address 150 N. Limestone St.</p> <p>City Springfield State OH Zip Code 45501</p> <p>Purpose of Disbursement Postage Christmas Cards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D45-02oT2Z</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 5 / 2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>3978.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) PRH Consulting Group, LLC</p> <p>Mailing Address Pam Hashem, President 100 E. Broad Street, Suite 2330</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Political Consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D50-03uq1c</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>2000.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

6330.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Hobson For Congress

A.

Full Name (Last, First, Middle Initial)
SBC/AT&T

Mailing Address P. O. Box 182374

City State Zip Code
Columbus OH 43218

Purpose of Disbursement
Campaign Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D52-02q|2Z

Date of Disbursement

/ /

Amount of Each Disbursement this Period

291.31

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Thornhill 2 Limited Ptn

Mailing Address 6069 Yeazell Rd.

City State Zip Code
Springfield OH 45502

Purpose of Disbursement
Campaign Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53-03kc13

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

691.31

TOTAL This Period (last page this line number only)

17580.67

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 19

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Hobson For Congress

A.

Full Name (Last, First, Middle Initial)
Dennis Hastert

Mailing Address PO Box 625

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
Fed Contr US Rep (IL-14)

Candidate Name
Dennis Hastert

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District:

Transaction ID: D22-04Wq02

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Dennis Hastert

Mailing Address PO Box 625

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
Fed Contr(US Rep-14 IL)

Candidate Name
Dennis Hastert

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District:

Transaction ID: D23-04Wq03

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00